CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

5	-
MARGIN RESERVED FOR BINDING	
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B.—WRITE PL.

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 10055
1. PLACE OF DEATH	
County Pro Georges County	Registration Dist. No. 231
Village or City Cottage, City ma	
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrs,mos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME James Walfinger a	dame If U. S. Veteran, specify WAR
(a) Residence: No. 609 Elliott & A	St. 18, Ward. Washington H.C.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH A 26, 193 (Year)
5a. If married, widowad, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	0 1/-37
6. DATE OF BIRTH (month, day, and year) May 31, 1918	I last saw h alive on Thomas   19   death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at94.54.m.
19 1/h 3 2 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Normal   N	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, Alexador SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and this occupation (month and second in this sec	cospility a
9. Industry or business in which work was done, as SILK MILL, attendent at	(Coporming)
SAW MILL, BANK, etc.	assid V
	le accental
year) occupation	Other Contributory Causes of mportance: The heart
12. BIRTHPLACE (city or town)	
	Turku
13. NAME James Games  14. BIRTHPLACE (city or town) ma	
14. BIRTHPLACE (city or town) (Stata or country)	Name of operation
(State of country)	Whet test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME Narthawolfinger  16. BIRTHPLACE (city or town).  (State or country)	23. If daeth wes due to externel ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) / // (State or country)	Accidant, suicida, or homicida? Altridu Pate of Injury 9-26, 1932
Gale of County)	Where did injury occur? Constant Constant Constant Constant Constant Constant County and State)
17. INFORMANT (Addrass) 43/2 Lenger First M. W.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Struckington &C.	Menner of Injury at fluggiation ((0)
Place tagerstand md Date Sept 28/, 19 87	Neture of injury while crolles
44	24. Was disease or injury/h any way related to occupation of deceased?
19. UNDERTAKER To Sascher Company	If so, specify the them a fact and account of the comments of
Cogamine ma	(Signed) And A Did M. D.
20. FILED Registrar.	(Address) College City Lug
/	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be roturned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Įį.	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy		
Chronic interstitled hophritis	1915	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
FOR				
Other contributory lauses of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

rte A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 10	056
infor stat UPA	1. PLACE OF DEATH	(N')	1/4
ould occ	County Orngelleones	Registration Dist. No.	4-0
should of	Village or City Brentwood	No Sedaras & Sanitarense	War
	Length of residence in city or town where deeth occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number of the s	ımber) d:
Every CIANS ement	m 00. 5 0	brace If U. S. Veteran, specify WAR	
D. I SIC tate	(a) Residence: No. 1435 N. St. na Was	LSC: Ward.	(
HX s	(Usual place of abode)	If nonresident give city or town and S	Stale
PI Exact	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED. WIDOWED.	21. DATE OF DEATH	
H	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	Sept. 9-	193.7
C T L	5a. If merried, widowed, or divorced	(Menth) (Day)	(Year)
A C T I assifted	HUSBAND of for wife of the distance of the formation of t	22. HEREBY CERTIFY, That I ettended d	eceased from
CX X	Car -	1937 to seeff g	, 19./
PE E Ily ate.	6. DATE OF BIRTH (month, day, end year)  7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at . T	death is sai
IS A PE stated E properly certificate	0 11 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
sta pro cer	8. Trade, profession, or particular	were as follows:	Date of onse
HIS be be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Verebral HEmanlines	9/9-3
K—T hould may back	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc		
INK-sho sho it n on p	11. Total time (years)		
_ [+] <del>-</del>	this occupation (month and spent in this occupation occupation		
NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Dietore Cond	Other Coutributory Causes of Importance:	
AD ed. S, S	(Stete or country) Jefas	arterioselevis	?
UNFA supplied n terms, ee instru	H 13. NAME		
y sul ain t	4. BIRTHPLACE (city or town)	Neme of operation Date of	
rri pla	(State of Country)	Whet test confirmed diagnosis? Was there an au	topsy?_Z
LY, W be carefu EATH in important	I	23. If deeth was due to external causes (VIOL ENCE) fill in elso the following:	
id be car DEATH y import	16. BIRTHPLACE (city or town)  (Stete or country)	Accident, suicide, or homicide? Date of Injury  Where did injury occur?	, 19
be EAV imp	17. INFORMANT Mus. Jus B. Carother	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAI	) ne
E PLA should OF D	(Address) / 4/3.5 N St - 5		
	18. BURIAL, CREMATION, OR REMOVAL no + Cerrillery	Manner of Injury	
-WRITE mation s CAUSE TION is	Place Lington Date of 11, 1937	Nature of Injury	
-WRITJ mation CAUSE TION is	19. UNDERTAKER Julian Tels Son	24. Was disease or injury In any wey related to occupation of deceased?	Zeo.
m L	(Address) 300 H In St 11 E OC	If so, specify A A A A A A A A A A A A A A A A A A A	
z P	20, FILED 19 / Sur Registrar.	(Signed) (schard) the adeau	al X
(1)	If more blanks are mesded address State Projets	N Challe Comp Balling B. C. C. N.	

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Example I	li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Y, S.				
Other contributory causes of importance:	4	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-V. S. No. 1

1.	PLACE OF DEATH	MARTERINE	
	County Prince Ge	orgea	Registration Dist. No. 245
	Village or City Brent	and med.	No. 222 School St., Wa death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in city or town where deeth	occurred yrs mos	ds. How long in U.S. if of foreign birth?yrsmos
2	FULL NAME Zelma	V. Tourle	If U.S. Veteran specify WAR
	(a) Residence: No. 305	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. S	Temple Colour	ingle, Married, Widowed, R Divorced (write the word)	21. DATE OF DEATH 18 (9ear) (Year)
5a.	If married, widowed, or divorced HUSBANO of Cory WIFE of Everette O.	Bailey	22. I HEREBY CERTIFY, That i attended decessed for the state of the st
_	DATE OF BIRTH (month, dey, end yeer)	ne 17,1893	i last saw h 2 alive on System 18, 1937; deeth is
7. A	GE Yeers Months	Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, at 3. — H. m. The PRINCIPAL CAUSE OF DEATH end releted causes of importence
1		ormin.	were as follows:
201	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	unemife	Paris areimon
	9. Industry or business in which		1 lectum
OCCUPA	work was done, es SILK MILL, SAW MILL, BANK, etc	1	Surstan about on dea
0	10. Oete deceesed lest worked at this occupation (month and year)	11. Totel time (yeers) spent in this occupetion	
	Aldie	.Va.	Other Contributory Causes of importance:
IZ.	BIRTHPLACE (city or town) (State or country)	0	tweming and Whiteston
۲	13. NAME Momas	ackson	- Viconismosity of war an
FAIHER	14. BIRTHPLACE (city or town)	Da	Neme of operation Section Date of 4"7"
-	(State or country)	0 4	What test confirmed diegnosis Microphia Sect Mathere an eulopsy?
בא	15. MAIDEN NAME Tromen	(arker	23. If deeth wes due to external ceuses (VIOLENCE) fill in also the following:
MOINER	16. BIRTHPLACE (city or town)	Usa.	Accident, suicide, or homicide?
É	(Stete or country)		Where did injury occur?
17.	INFORMANT Mo. M. J. 93 (Address) 222 Seture of	nown	(Specify city or town, county and State) Specify whether injury occurred in iNOUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	5.41.11 3:	Menner of injury
_	Plece 1100	ite 2/1, 19.5	Neture of injury
19.	UNDERTAKER MOMEST	Time	24. Wes disease or injury in any wey related to occupation of deceased?
	(Address) 1433 Min	An n. Mags	If so, specify
20.	FILEO Sept. 18, 1937 MM	s Jan Ren	(Signed)
		Registrar.	(Address) /200 07 ///

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ACT 5			
- C. 16			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

OCCUPATION

MOTHER FATHER

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(23)
County Grence George	Registration Dist. No. 2.4.5
Village or City Glesson Lale Md	No. added Juberculous Santstyn Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	15 ds. How long in U.S. If of foreign birth?
2. FULL NAME Blackburn alv	a (mr.)
(a) Residence: No. 55 Phode Island and (Usual place of abode)	NSW. Ward. Washington, N. C. J.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Married Married	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) MIFE OF Margaret V. Blackburn	22. I HEREBY CERTIFY. That I ettended dacaased from 1927, to Sept 30, 1937
6. DATE OF BIRTH (month, day, and year) Feb 20, 1889	Hast saw hay ellva on sept 30 , 19.3.7; death is said
7. AGE Years Months Oays If LESS then 1 dey. hrs.	to have occurred on the date stated ebova, at 12 A.m.  The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:
10 g Trade profession or particular	Far advanced Beloteral Pulmary 5/31/34
No. State processing to perturbe the control of the	
10. Date dacaasad last worked at this occupation (month and year)	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town)	College College of Amportance.
(Stete or country) manyland	
I 13. NAME J. J. Blackburn	
13. NAME J. Blackburn  14. BIRTHPLACE (city or town) (State or country)  Manyaud	Neme of operation
15. MAIDEN NAME Helen B. Dewal	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:
15. MAIOEN NAME Helen B. Dewal  16. BIRTHPLACE (city or town)  (State or country)  Maryland	Accident, suicide, or homicida?Oate of Injury, 19
17. INFORMANT Deceased (Addrass)	(Specify city nr town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAD  Place / asking ton poore Set 30, 1937	Manner of Injury
19. UNDERTAKER W & Chambers Guin M. (Address) 1400 Chappy H. M.	24. Wes disease or injury In any way related to occupation of dacaasad?
20. FILED Sept 30, 1987 Jan Selly Registrar.	(Signad) Daniel Leo Finiscare M. O.  (Addrass) Glenn Dale Sanotonium

If mnre blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis Oc.	1 year
		200	4

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN

V. S. No. 1

WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT CORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
IS IS A PERMANENT	e stated EXACTLY	e properly classified.	f certificate.
TH UNFADING INK-THI	ly supplied. AGE should b	lain terms, so that it may be	TION is very important. See instructions on back of certificate.
-WRITE PLANKLY, WI	mation should be carefull	CAUSE OF DEATH in pl	TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10059
1. PLACE OF DEATH	(IDAN)
County Prince George	Registration Dist. No. 230
Village or City Bekennen .	NoSt.,Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
1111	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Joseph: Jones as otell	If U. S. Veteran, specify WAR
(a) Residence: No. Serve (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Male 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH    1
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of annue May Boteler	22. Sef Level 12,1937, to Septembre 13, 1937.
6. DATE OF BIRTH (month, day, and yaar) 27 mcls; 1860	i last saw n alive on_ Selection
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 32m.
/ φ   Δ     ormin.	The PRINCIPAL CAUSE OF DEATH and related ceusas of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc farmers	gastic flemorlage 9/12/37
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceesad lest worked at this occupation (month and	
10. Date decessed lest worked at this occupation (month and year) 11. Total time (years) spent in this life occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
	eran lefting haps 3 9/9/37
14. BIRTHPLACE (city or town) - Warnet	Nama of oparation
(State of country)	What test confirmed diagnosis? Was there an autopsy? 19
15. MAIDEN NAME Quint may Loane	23. If death was due to external causes (VIOLENCE) fill in also tha following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide or homicide? Dete of Injury 7/7, 1937
17. INFORMANT J. OMEN Bolster	Whare did injury occur? The Specify city or town, county and State) Specify whether injury occurred in INDUSTRY IN HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	the fam
Placa La ellevelle un Date Stat 19 1937	Natura of Injury Puller of States blood blood
19. UNDERTAKER 4. Sasche June (Address) Physicalle in 2	24. Was disaase or injury in any way related to occupation of deceased?
20. FILE Sept. 96, 1937 Shud Smith. Registrar.	(Signed) W. ally wiftly M.D. (Address) Servey W.
Uf more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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IB:	kample I	4	Example II		
The principal cause of dea of importance were as follows:	th and related causes	Date of Inset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	OCT 4 193	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	001	July 5, 1927	Peritonitis	3 days ago	
	PUREAU V.			- 4	
Other contributory causes	of importance:		Other contributory causes of importance:	× ×	
Gallstones		May 1,1923	Gastroenteritis .	1 year	

ADDITIONAL SPACE FOR FU	URTHER	STATEMENTS	BY	PHYSICIAN
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CORD. Every item of infor-Exact statement of OCCUPA-PHYSICIANS stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be B.—WRITE

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10060
1. PLACE OF DEATH	- OPEN
County Prince To Co.	Registration Dist. No. 243
Village or City Mitchellville M	No. St., Ward
76 (1	f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME JOHN Mullikin G	CILITALIS U.S. Veteran specify WAR
(a) Residence: No. / Mitchellmile Mo	C.St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write tha word)	21. DATE OF DEATH
5a. If married, widowed, of divorced	Month) (Day) (Jear)
HUSBAND of (or) WIFE of	22.   HEREBY CERTIEY, That all attended deceased from
waran B gage	July 12 1927 to Set 11-1927
6. DATE OF BIRTH (month, day, and year) Mov 10 1860	I last saw h, alive on Social 104, 1927; death is faid
7. AGE Years Maries Days If LESS than	to have occurred on the data stated abova, at.
17 1860 Mar 10 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
R. Trade, profession, or particular kind of work done as SPINNER	Que of onest
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Dansies + (1937
9. Industry or business in which work was done, as SILK MILL, the SAW MILL, BANK, etc.	
U 10. Data deceased last worked at 11. Total time (years)	
this occupation (month and spant in this occupation occupation	4-
12. BIRTHPLACE (city or town) Lunge town D.C	Other Contributory Causes of importance:
(State or country)	Tomoree Mar
13. NAME FRENCH BATTER	143
13. NAME SUCH THE 14. BIRTHPLACE (city or town) Class Hell	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Complia magrida	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Comelia magruder  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Whera did injury occur?
17 INFORMANT MAD BAT ME Lagall	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (Address)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place The Date Date 12 , 19 3	Nature of injury
19. UNDERTAKER MERCHENCE Holeacre	24. Was diseasa or injury in any way related to occupation of deceasad?
(Address) mitchellage Ma	If so, specify
20. FILED SOLALI - 19 37 If / Langues of my	(Signed) R. Ghanna M.D
Registrar.	(Address Des La Jacobs M. )
If more blanks are needed, address State Registrar.	2411 N. Charles Street Baltimore Requestions 91 S. No.

\_\_ds. .....

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis OCT	1915	Attack of epilepsy	1 week ago	
Chronic interstitid nephritis Cerebral hemorrhage	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

AGE should be

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

(Addrass)

20. FILED.

Sept 20, 1937 Mr

mation should be carefully supplied.

V. S. No. 1

certificate.

See instructions on back of

SCORD. Every item of infor-

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 10061
1. PLACE OF DEATH		10001
county Prince	Zus	Registration Dist. No. 234
Village or City 6 lutter	ma	No. St., Ward
Length of residance in city or town where death		death occurred in a hospital or institution, give its NAME instead of street and number)  ds How long In U.S. if of foreign birth?
2. FULL NAME Mary H	Bradley	
(a) Residence: No.		St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1 . 218-	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Sept.  (Nonth)  (Day)  (Vaar)
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of Jarry I	Enally	22. 1 HEREBY CERTIFY That I attended decaased from  Sept. 12 1937 to Sept. 19 1937
6. DATE OF BIRTH (month, day, and year) and	4 18- 1886	Hast saw h. e Mive on Sept 19, 1937; death is said
7. AGE Yoars Months	Days   If LESS than	to have occurred on the date stated above, at 6 75 m.
571	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	ormin.	Consequence of left Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, atc.  10. Oata deceased last worked at this occupation (month and	oven z	left claviele. 7/12/37
10. Oata deceased last worked at this occupation (month and year)	ff. Total time (years) spant in this occupation	
12. BERTHPLACE (city or town) Bry auto	iwn Ind	Other Contributory Causes of Importance:  Chrossic Unpotentalia Media
	4	- general arterio elevous any
14. BIRTHPLACE (city or town) Settle	Tuck	Name of operation
(State of Country)	7 44	What tast confirmed diagnosis?
15. MAIDEN NAME G. 6. BIRTHPLACE (city or town) Bryan	Statter	23. If daath was due to external causes (VIOLENCE) fill in also the following:
6. BIRTHPLACE (city or town) - 2 ry an	tives MM	Accident, suicida, or homicide?
17. INFORMANT of Larry &- B.	indly	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
(Address)	•	1 Laule regulary
18. BURIAL, CREMATION, OR REMOVAL Place A Pour Puny	Date Syt 21, 1937	Manner of injury Quitomobile accellant  Nature of Injury Rate about
19. UNDERTAKER Thut X	Cyon	24. Was disease or injury in any way ratatad to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Signad)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal eause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory eauses of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	CountyVillage or City	Perers	isle, Wed	(183) No	Registration Dist. No. 2	45 War
2	Length of residence  2. FULL NAME  (a) Residence: No	alan	death occurred	(If death occurred in a horpital or institu psds. How long In U.S. If o If U. S. Veteran, St.,Ward.	stion, give its NAME instead of street of foreign birth?yrs	and number)
	PERSONAL	AND STATIS	TICAL PARTICULARS	MEDICAL C	ERTIFICATE OF DEAT	Н
	M.	What is a second	5. SINGLE, MARRIED, WIDOWED, OR DWORCED (write the word)	21. DATE OF DEATH	(Month) (Day)	, 193 <u>7</u> (Year)
6. 1	If married, widowed, or HUSBAND of (or) WIFE of  DATE OF BIRTH (month	, day, and year)	blee 2 6 1925	1 last saw h_A321_ alive on	Sept 2 ,19.	nded deceased fi , 19 5 77; death is s
TION	8. Trade, profession, o	Months  Properticular  One, es SPINNER,  KEEPER, etc	Days If LESS than 1 day,h ormin.	were as follows:	ed above, at	Date of on:
OCCUPA.	9. Industry or busines work was done SAW MILL, BAF 10. Date deceased last this occupation year)	as SILK Mill, IK, etcworked at month end	11. Total time (years) spent in this occupation	There was por Hog	the by of Potens	1
	BIRTHPLACE (city or to (State or country)	wn) Hy	atterile med	Differ Contributory Causes of Impo	ortance: was wading , fall	into
FATHER	14. BIRTHPLACE (city of (State or count)		En		Date	
MOTHER	15. MAIDEN NAME (  16. BIRTHPLACE (city of State or count)		Reid.	23. If death was due to external car Accident, sulcide, or homicide? Where did injury occur?	uses (VIOLENCE) fill in also the foll	owing:
	(Address) BURIAL, CREMATION, C	R REMOVAL	Date 9/4 ,13'	Manner of Injury Acciden		*****************
_	UNDERTAKER - 7. (Address)	Sasc.	his Sono		yay related to occupation of deceased	or Phipey

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
y s	1201000			
Other contributory causes of importance:	H - 1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SI	PACE FOI	FURTHER	<b>STATEMENTS</b>	BY	PHYSICIAN
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certificate

back

On

instructions

very important.

OF

CAUSE mation LION OCCUPATION

FATHER See

MOTHER

8. Trada, profession, or particular

9. Industry or business in which

12. BIRTHPLACE (city or town) (Stata or country)

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME 7

(State or country)

kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ....

work was done, as SILK MILL. SAW MILL, BANK, etc .... 10. Date deceased last worked at

this occupation (month and

OCCUPA

plnods item of

#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT Registration Dist. No. 240 (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_ (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended decaased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than to have occurred on the date stated above, at 1 day ....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance

or .... min.

11. Total time (years)

spent in this

occupation \_\_\_\_

Other Contributory Causes of importance Nama of operation. What test confirmed diagnosis? Was there an autopsy?\_ 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicida?\_\_\_\_\_\_ Data of injury\_\_\_\_\_\_ 19\_ Whera did injury occur?.

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Date of onset

Manner of injury Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Address)

18. BURIAL, CREMATION, OR REMOVA Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

-WRITE

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	Example I	1	Example II		
The principal cause of importance were as	f death and related causes.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVEL	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	OCT 4 1937	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.	1			
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIA	N
ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIA	

V. S. No. 1

	STATE OF MARYLAND-	CERTIFICATE OF DEATH	164
1	L PLACE OF DEATH	- PA	
	County Prince Georges	Registration Dist. No. 24	5
	Village or City Riverdale		
à.	Village of City (If	No. St., death occurred in a hospital or institution, give its NAME instead of street and nu	mber)
		ds. How long In U.S. if of foreign birth?yrsmos.	
2	2. FULL NAME Fillian Mary But	If U. S. Veteran, specify WAR	
	(a) Residence: No. 1243 Faylor ave	St. Ward.	
4010000	(Usual place of abode)	If nonresident give city or town and S	inte
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sefet 24	193
Sa.	If married, widowed, or divorced HUSBAND of (or) WIFE of Mairs Butles	A. I HEREBY CERTIFY, That l'attended de	
	61.1101011	195 to X 270 27	., 19/
	DATE OF BIRTH (month, day, end year)  AGE Years Months Days If LESS than	9300	death is said
	7/ 1 day,	to have occurred on the date stated above, at	
-	8. Trade, profession, or particular	ware as follows:	Pate of onget
ON	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	enner of mum	124/34
ATI	9. Industry or business in which	·	/
UP	work was done, as SILK MILL, Avuelurefe		
OCCUPATION	10. Date deceased last worked at this occupation (month and spont in this year)		
		Other Contributory Causes of Importance:	
12.	BIRTHPLACE (city or town)  (State or country)  Muasbur 1	ceaner,	
~			
FATHER	13. NAME Pringle	21 -21	
FAT	14. BIRTHPLACE (city or town)	Name of operation Date of	
	(State or country) • Uniter	What test confirmed diagnosis? Was there an aut	opsy?
MOTHER	18. MAIDEN NAME - Unless	23. If death was due to external causes (VIOLENCE) fill in elso the following:	
TOI	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? 2. Date of injury	, 19
2	(State or country)	Where did Injury occur?	
17.	INFORMANT A Mairs Buller (Address) 243 Jaylor ave Riverdale Ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18.	BURIAL, CREMATION, OR REMOVAL OM 1 00627 55	Manner of injury	
	Place Idan /til / Idoate Sept of 193/	Nature of injury	
10	UNDERTAKER 2020 Chambers Co	24. Was disease or injury in any wey related to occupation of deceased?	20
13.	(Adgess) 9/2 Cleveland ave Riverdalo	Cit flo, specify	7
20.	FILED Deht 25 19 37 Mrs. Jas Denge	(Signed) H. J. Willis	M. D.

(Address) Ayettebilly m If more blanks re needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Example I	15	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis 5 1937	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SDACE	FOD	PUDTHER	STATEMENTS	RV	DHVSICIAN
ADDITIONAL	SPACE	PUK	FURTHER	STATEMENTS	DI	PHIBIUIAN

IARGIN RESERVED FOR BINDING

### STATE OF MADVI AND—CEPTIFICATE OF DEATH

1. PLACE OF DEATH	
County Prince Forge	Registration Dist. No. 245
Village or City Brewlered	No. 216 5 John St., War If death occurred in a hospital of institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrs,mosd
2. FULL NAME Hilliam Byrd	If U. S. Veteran, specify WAR
(a) Residence: No. 216 2 Gold St.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Marke Colone OR DIYORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced	(month) (bay) (real)
(or) WIFE of Evelyn Byed	22. HEREBY CERTIFY That I attended deceased fro
6. DATE OF BIRTH (month, day, end year) HOLE 15-1870	I last saw h walive on 9/6, 1937; death is sa
7. AGE Years Months Days / If LESS than	to have occurred on the date stated above, at 69-m.
57 7 2.3 1 day,	there as follows:
8 Trade profession or particular	Uate of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Caner of Stomach
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	
year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Offier Commontary Causes of Importance.
(State or country)	
13. NAME allen Burd	
	June 1 sularing 1987
14. BIRTHPLACE (city or town) S (State or country)	Nama of operation Supplication Data of
	What test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME Ganier Hashington	23. If death was dua to external causes (VIOL ENCE) fill In elso tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Covery Burk	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Breattwood med	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placed we have per Date 19 7 , 19 31	Nature of injury
Pr. And machad.	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER & 19. Salarios Solla (Address) Do A	
(Muliess) Madeus turry mo	If so, specify
XIII V V VALVA DIELA	(Signed) O WHILL KEY M.
20. FILEDO GOLD 10 LEY Registrar.	(Address) Synthe Ma

V. S. No. 1

mation should be carefully supplied.

-WRITE PLAINLY, WITH

B

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OCT 5 1937			
Other contributory causes of importance: 5.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITION	AL SPACE FOR	FURTHER ST	ATEMENTS B	Y PHYSICIAN	
			1		
	and the same of the				

	r te r	STATE OF MARYLAND	CERTIFICATE OF DEATH 10066
	state UPA.	1. PLACE OF DEATH	925/
( RA)		County Come Droger	Registration Dist. No. 299
The same	should of OCC	MARINE CORPORATE LIEUTO AF	911 Par Plan P.
	shor of O	Village or City January (If	death occurred in a horpital or institution, give its NAME instead of street and number)
	200 -	Length of residence In city or town where death occurredyrs,mos.	ds. How long In U.S. if of foreign birth?yrsmosds.
	Evel	2. FULL NAME Asha Sertinor Cas	Ry
	dD. Every YSICIANS statement	(a) Residence: No. 911 Complay Cur	/St., Ward.
	PHYSICIAN ct statemen	(Usual place of abode)	If nonresident give city or town and State
	PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Ex.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	L'Y	Grand While - OR DIVORCED (write the word)	(Month) (Day) (Year)
BINDING	Ted	5a. If married, widowed, or divorced	
	AN A C Ssifi	HUSBANO of Corp WIFE of Parkeyers of Parkeyers	22. O THEREBY CERTIFY, That I ettended deceased from
Z	EX Clar	in the same of	19.8 10 299 40 , 19.5 7
BI	E E	6. DATE OF BIRTH (month, day, and year) mismum	last saw h alive on
2	A I ed	7. AGE Years Months Days tf LESS than 1 day,hrs.	to have occurred on the date stated above, at
FOR	IS A PE stated E properly certificate	68 ormin.	were as follows:
	be sof co	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Comme (nelother olles 1930
回	14	SAWYER, BOUKKEEPER, etc.	
RESERVED	NK—T should it may n back	9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation dimontifiend spant in this	
E E	Sh sh it	0 10. Date deceased last worked at this occupation month and spant in this	
E		year) 110 004 occupation	Other Contribution Comments in a state of the state of th
	DING. A	12. BIRTHPLACE (city or town) Tulmm Va	Other Coutributory Causes of importence:
H	d. d.	(State or country)	
MARGIN	UNFADING supplied. AGI n terms, so tha	E 13. NAME Nichard Me Donongh	
IA	D in a	14. BIRTHPLACE (city or town)	Name of operation Date of
7	y su ain t	14. BIRTHPLACE (city or town). (State or country)	What test confirmed diagnosis 1 Mas there an au'opsy?
	Whalle sulph suin plain ant. See	15. MAIDEN NAME/ NOVA () DOMINIA	23. If death was due to external causes (VIOLENCE) fill in also the following:
		15. MAIDEN NAME/NOVA () DONNILL  16. BIRTHPLACE (city or tayh).  (State or country)	Accident, suicide, or homicide?
(7)	hould be car OF DEATH	(State or country)	Where did Injury occur?
(1)		Beneder Bracken	(Specify city or town, county and State) Specify whether injury accurred in INDUSTRY, in HOME, or in PUBLIC/PLACE.
	Should OF D	(Address) 8 / ) hards 13	
		18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
		Place Jerma Jugy Date Date J. 19.13.	Nature of injury
	-WRITE mation s CAUSE TION is	10 HARDTAKED NEWS NEWS STATES	24. Was disease or injury in any way related to occupation of deceased?
0.1	TEOF	19. UNDERTAKER 12mg Wallum Jan Jan 19. (Address)	If so, specify.
V. S. No.	m	Nehl 27 37 m. Bearlesse	(Signed) Qual Co tone, M.D.
>.	z	Lecal Registrar.	(Address) Ballsoff Mall
		If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I	)  :	Example II	
The principal cause of dedicate of importance were as follows:	h and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	001	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	TALL V.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	July 5, 1927	Peritonitis	3 days ago
1				
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		450		
		7		

Palmy	han t	SNAL SPACE	FOR FURTH	ER STATE	MENTS I	MY PHYSICIAN	When	9	Jay)
fur llig	fint l	m				0			
	<i>y</i>								

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MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE O	F MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	OK . WITHIN GO.	159
County	5.	, Registration Dist. No. 246
Village Dr City 0 YVV 0	James	No. 3211 0 as st., Ward
Langth of residence in city of town where d		death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Wilan	N Colcord	The state of the s
(a) Residence: Np. 32	11 ots 8h	St Ward.
<b>y</b>	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowad, or divorcad HUSBAND of		
(or) WIFE of		22. SUNZ/ 1937 in SUNZ/ 1937 in
6. DATE OF BIRTH (month, day, and year)	est 21, 1937	I last saw h som alive on Sent 21 193 7 death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 10/30Bm.
	1 day, 2hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.		Data of one ot
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc		1 Demalmuta 5/h
work was done, as SILK MILL, SAW MILL, BANK, etc.		2
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years)	
yaar)	spent In this occupation	04-0-2-2-0
12. BIRTHPLACE (city or town) (State or country)	Gamer and.	Other Contributory Causes of Importance:
II 13. NAME Edward	John Soul Colores	
14. BIRTHPLACE (city or town)	linetr	Nama of operation Date of
(State or country)	Oc. 0.	What test confirmed diagnosis?
15. MAIDEN NAME Madelyn	Coustin Cash	23. If death was due to external causes (VIDL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) Lang	asboro	Accidant, suicide, or homicide? Date of Injury, 19
(State or country)	ergigna	Where did Injury occur?
17. INFORMANT Gaward JY (Address)	Coleon	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	4 do 14-22 MD	Mannar of Injury
Place / Mallentus	Data	Nature of Injury
19. UNDERTAKER TO CALLED	Jala mo	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Sept 2-1 , 1962 1tm	un hally W. A. Registrar.	(Signed) O Cary daving M. D
If more b		2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.
	,	, o o o o o o o o o o o o o o o o o o o

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	i	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage OCT 7 1997	July 5,1927	Peritonitis	3 days ago
	- b	·	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

allstones	May 1,1923	Gastroenteritis	1 year
ADDITIONAL SPA	CE FOR FURTH	ER STATEMENTS BY PHYSICIAN	

# ECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-H UNFADING INK—THIS IS A PERMANENT

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. B.—WRITE PL

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(2112)
County P 410	Registration Dist. No. 243
Village or City Mean Bower,	No. St., Ward
<i>← Q</i> (II	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cligateth Clim Mily	40
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Hereall Colored OR DNORCED (rugle the word)	fift. 16 193 7
5a. If married, widowed, or divorced	(Month) (Oey) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, thet I ditended deceased from
61.0 1670	19.01
6. DATE OF BIRTH (month, day, and year) / 7. AGE Years Months Days If LESS than	I lest wh held elive on the said
deals months bays if Less than 1 day,hrs.	to have occurred on the data stated abova, at
8. Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	( ITALIANIA H. Tho
9 industry or husiness in which	The state of the s
work was done, as SILK MILL, SAW MILL, BANK, etc	Lever
Spant in this ///	NG.
year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Doffeel Ht	1937
(State or country) - Mungland	
14. BIRTHPLACE (city or town) Collington	
14. BIRTHPLACE (city or town) County (State or country)	Name of operation
- ANTUNE CONTRACT	What test confirmed diagnosis? Wes thera an au'opsy?
T A A A A A A A A A A A A A A A A A A A	23. If death was due to externel causes (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town) Colling (State or country)	Accident, suicide, or homicide?
11. Here 131 and	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address) (Address) (Address)	Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place / A Physical All All Date Aft 5 91937	Nature of Injury
19. UNGERTAKER M. Flachung Psans	24. Was disease or injury in any way releted to occupation of deceased?
(Address)	If so, specify
20, FILED ALST 17 1937 Policy Company Some	(Signed) Thanksung M. D.
Registrar.	(Address) factorial little
If more blanks are needed, address State Registrar.	2411 N. Charles Street Relimore Requesting 71 S. No. 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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al cause of death and related causes be were as follows:	Date of onset  1 week ago
	1 week ago
treet car	1 week ago
	3 days ago
hutory causes of importance:	
3	1 year
	hutory causes of importance:

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

CORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. stated EXACTLY. properly classified. AGE should be

STATE OF MARYLAND	CERTIFICATE OF DEATH 10069
1. PLACE OF DEATH	(B2-7)
County Pruce Serges	Registration Dist. No. 233
Village or City Nextword	NDSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
1 / (D N. o w H	
2. FULL NAME JOHN C NOCLEN	If U. S. Veteran, specify WAR.
(a) Residence: No. 1. Costored (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Wildowsed	21. DATE OF DEATH 30, 193 7, (Vear)
. If merried, widowed, or divorced HUSBAND of (or) WHFE of arah packett	22. I HEREBY CERTIFY. Thet ettended deceased from
DATE OF BIRTH (month, day, end yeer)	I lest saw h \ alive on \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
AGE Years Months Days If LESS then	to heve occurred on the date steted above, et
86 74 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
8. Trade, profession, or perticular kind of work done, as SPINNER,	Date of onset
SAWYER, BDDKKEEPER, etc.	Cerebral Momboses
shind of work done, as SPINNER, SAWYER, BDDKKEPER, etc	
10. Dete deceesed last worked et 11. Totel time (years)	
this occupation (month end / 933 spent in this 2 occupation 2	Dther Coutributory Causes of Importence;
BIRTHPLACE (city or town) WISI wood	Diner Courroutory Causes of Importance:
(State or country)	
14. BIRTHPLACE (city or town) myd	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country) Md	Whet test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Catharne Wood	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stete or oduntry)	Where did Injury occur? (Specify city or town, county and State)
INFORMANT CANTAL AND ALL (Address)	Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place Brooks Churchoate Slft, 30, 1937	Nature of injury
UNDERTAKER ( ) Grimes	24. Was disease or injury in eny way related to occupetion of deceased?
(Address) aguasco ma.	If so, specify
O. FILED Sept. 30, 19,37 Ernest W. Farne	a (Signed) Welleyer Ut. 9 thors M. D
Registrar.	(Address)

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 weck ago Chronic interstitial nephrilis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

AI AI	DITIONAL SPACE FOR	FURTHER STATEME	NTS BY PHYSICIAN	1
for suthousete	on & Chauce	date o brite	see letter filet in	uder
Wall 4/37		0	<i>U</i>	

PHYSICIANS should state CORD. Every item of infor-

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may

MLY, WITH UNFADING INK-THIS IS A PERMANENT

PLAT

N. B.—WRITE I mation she CAUSE O

N. S. No. 1

102

MARGIN RESERVED FOR BINDING

Exact statement of OCCUPA-

be properly classified.

1. PLACE OF DEATH	OF MARTLAND	—— ®
Village or City Hyatt	here death occurred yrs, 2 mos	Registration Dist, No. 245  No. 835 Forest 10 rive St., Walf death occurred in a hospital or inslitution, give its NAME instead of street and number)  sds. How tong in U.S. If of foreign birth?yrsmosd
(a) Residence: No. \$ 3.5	Forest Wrive (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STAT	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 5 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. 9/6 HEREBY CERTIFY, That I attended deceased from 1972 to 9/6 193
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Month		t last sew h 2 alive on 9 1 1 2 , 19 ; death is sa to have occurred on the date stated above, et 3 13 Pm.
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc	11. Total time (years) spent in this	Chronid Myran Mohrs: Duration 1. two years a Cevery.
12. BIRTHPLACE (city or town) (State or country)	Vashington D.C.	Other Contributory Causes of importance:
13. NAME George	Donaldson	
14. BIRTHPLACE (city or town)(State or country)	Washington 10.	Name of operation
15. MALOEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  17. INFORMANT  (Address) / 3 H / Selle	Vashington  Vol. 10  Vashington  Vol. 10  Vash 10  Vash 10	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Washington	60 C Date Seft. 8 , 1937	Manner of injury
19. UNOERTAKER FRANK LL. (Address) 1113 - 78 7	iers sons Co sw wash. p.c.	24. Was dicease or injury in any way related to occupation of deceased?
20. FILEO DE T. 7, 1937	mo Jas Dever	(Address) Lydler M.  (Address) Lydler M.  2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S. J.			
Other contributory causes of importance:	UL ACT L'EI	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FUR	FURTHER	STATEMENTS	RX	PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10011
County Pry Luv.	Registration Dist. No. 245
Village or City of allowille	No. 40 7 Harfield av St., Ward
Length of residence in erry or town where death occurred	death occurred in a pospital or institution, give its NAME instead of street and number)  ds. How long in U.S. N of foreign birth?
2. FULL NAME Sarah Elina ti	Idine.
(a) Residence: No. 40 7 Sourchallel ava	St. Ward. Helattaville mel.
(Usual place o Labode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED & write the word)	21. DATE OF DEATH
Florate Thate Single	(Month) (pay) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. A I HEREBY CERTIFY, Thet I ettended deceased from
(or) WIFE of	asil 1887 to Self- 19,37
6. DATE OF BIRTH (month, day, end year) 2-10-1853	I last saw her alive on Sept 16 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5 . 4m.
8.3 // 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or perticular kind of work done as SPINNER	Heart-disease - aortic
kind of work done, es SPINNER, NOWL	Stonorio V
work was done, es SILK MILL, Naws.	
10. Dato deceased last worked at 11. Total time (years)	
this occupation (month and spant in this occupation occupation	0.000
12. BIRTHPLACE (city or town) Hamsun Co Va	Other Contributory Causes of Importance:
(State or country)	all ago
13. NAME John Finlding.	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Glan Hawhins	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city of town) \ \(\frac{1}{2}\)	Accident, sulcide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / Carry Tooomy Cam	Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.
(Address) & o 7 Mary Wald Wa Wyn Wyn Ward War War War Ward War	Manner of Injury
Place to aching to Och Date 10-17- 193	Nature of Injury
The Henry by	24. Was disease or injury In any way related to occupation of deceased? 200
19, UNDERTAKER (Address) 2981-1424	If so, specify
mouse Delating" 37 Mars Jan Sans	6. (Signed) P. G. Bernstell A. M. D.
20. FILED POLITICAL TO Registrar.	(Address) Pint and all Meg)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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Example I	- Contraction of the Contraction	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Dat of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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Z Z	DNI	AG]
JARGIN RESERVED FOR BINDING	-WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTLY
	WITE	efully
>	MLY,	e car
	PLA	hould
	RITE	ion sl
7.	-W	mat

properly classified.

be

CAUSE OF DEATH in plain terms, so that it may

B.—WRITE PLA

V. S. No. 1

TION is very important.

See instructions on back of certificate.

Cord. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10072	
1. PLACE OF DEATH	(05)	
county Prince George	Registration Dist. No. 236	
Village or City East Riverdale	NoSt.,Ward	
(If	death occurred in a hospital or institution, give its NAME instead of street and number)	
1/11/	ds. How long in U.S. if of foreign birth?yrsmosds.	
2. FULL NAME YILLIAM Hager Granh	n If U. S. Veteran, specify WAR	
(a) Residence: No. 4 Mag (V to A (C)	Sty Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
OR DIVORCED (write the word)	September 23, 1937	
is. If married, widowed, or divorced	(Month) (Dey) (Yeer)	
HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, Thet I attended deceased from	
11/1/201/201/201/201/201/201/201/201/201	19 to 213, 193)	
B. DATE OF BIRTH (month, day, end yeers) 100. 2 1970	liast sew h AMA alive on 19.5 19.5 19.5 19.5 19.5 19.5 19.5 19.5	
AGE. Tears Months Deys IT LESS than 1 dey,hrs.	to have occurred on the dete stated above, et. 640 Am.  The PRINCIPAL CAUSE OF DEATH and releted causes of Importance	
20   /U   Al   ormin.	were esfollows: Oate of onest	
8. Trede, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Phil 22 - 24 ( Paris ) 1921	
9. Industry or business in which	The state of the s	
work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Dete decessed last worked et this occupetion (month end spent in this		
year) occupetion	Other Contributory Causes of Importence:	
12. BIRTHPLACE (city or town) (State or country)		
13. NAME AMMY of Mantonia		
14. BIRTHPLACE (city or town)	Neme of operation	
1 15. MAIDEN NAME PANA, M. OCAAAA	What test confirmed diegnosis? Westhere an eulopsy? 11()  23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:	
	Accident, suicide, or homicide? Dete of injury, 19	
16. BIRTHPLACE (city or town) la fatta franches (State or country)		
Farout	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
17. INFORMANT (Address)		
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Place dar Hell Date Sept. 25, 1937	Neture of injury	
19. UNDERTAKER Hamy the Todgest	24. Wes disease or injury in eny wey related to occupation of deceased?	
(Address) / 3 /- / / / S. E.	If so, specify	
20. FILED 9-23 - 1937. 1 hos. D. Deffelt	(Signed) M. D.	
Registrar.	(Address) Show Spanish	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis 7 8 193	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUR	IER STATEMENTS BY PHYSICIAN
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ARGIN RESERVED FOR BINDING

(If death Length of residence in city or town where death occurred yrs mos.  2. FULL NAME Hall, Ethel L.  (a) Residence: No. 1712 Kilborne Pl., N.W., Wash., S  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  If married, widowed, or divorced	SP.C. Ward.  If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH  DATE OF DEATH  September 16  (Month) (Day)	oumber)	
(If death Length of residence in city or town where death occurred yrs mos.  2. FULL NAME Hall, Ethel L.  (a) Residence: No. 1712 Kilborne Pl., N.W., Wash., S  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  If married, widowed, or divorced	SOCOUTED IN a hospital or institution, give its NAME instead of street and model of the street of	sumber) os. ds.	
Length of residence in city or town where death occurred yrs mos.  2. FULL NAME Hall, Ethel L.  (a) Residence: No. 1712 Kilborne Pl., N.W., Wash., S  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Married White Married Married HISBAND of Married	ds How long in U.S. If of foreign birth?	State	
(a) Residence: No. 1712 Kilborne Pl., N.W., Wash., S  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  SEX  4. COLOR OR RACE Female White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married HISBAND Of	If nonresident give city or town end  MEDICAL CERTIFICATE OF DEATH  DATE OF DEATH  September 16  (Month) (Day)		
PERSONAL AND STATISTICAL PARTICULARS  SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  If married, widowed, or divorced	If nonresident give city or town end  MEDICAL CERTIFICATE OF DEATH  DATE OF DEATH  September 16  (Month) (Day)		
SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  If married, widowed, or divorced	. DATE OF DEATH September 16 (Month) (Day)	, 193_7	
Female White OR DIVORCED (write the word) Married HISBAND of	September 16 (Month) (Day)	, 193_7	
. If married, widowed, or divorced		(1691)	
(or) WIFE of Otis B. Hall	Aug., 28 19 37 to Sept. 16,	deceased from	
DATE OF BIRTH (month, day, and year) Nov. 12, 1903   1 las	ast saw h er alive on Sept. 16, 1937	: death is said	
AGE Years Months Days If LESS than to h	have occurred on the date stated above, at 4:35P.m.		
ormin.   wer	e PRINCIPAL CAUSE OF DEATH end related causes of importance as follows:	Detectores	
8. Trede, profession, or perticular kind of work done, as SPINNER, Clerk	Tuberculosis of the Lungs.	Date of great	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at 11. Total time (years)			
year) occupation			
	her Contributory Causes of importance: aberculosis of the Intestines	March 192	
13. NAME aber Granberes Frances			
	Name of operation  Name of operation  Name of operation  Date of  Was there an autopsy? No		
15 MAIDEN NAME C. Hearden	If death was due to external causes (VIOLENCE) fill In also the following		
(Chate an annihus)	cident, suicide, or homicide? Date of injury here did injury occur?		
INFORMANT Mr. Hall, 1712 Kilborne Pl. N.W. Spe (Address) Wash., D.C.	(Specify city or town, county and State ecify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	s) ICE.	
Place edal All Bate Sell 103%	anner of Injury		
11 11 11 11 11 11 11 11 11 11 11 11 11	Was disease or injury in any way related to occupation of deceased?		
FILED SIGHT 16 , 1937 There ever to Registrar.	(Address) Glenn Gale sanaforum	M. D.	

V. S. No. 1

N. B.—WRITE PLA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

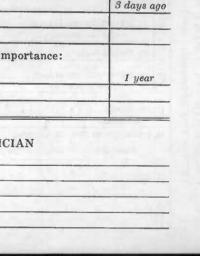
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Example -I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial rephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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V. S. No. 1

Н	STATE OF MARYLAND	-CERTIFICATE OF DEATH 10074
	1. PLACE OF DEATH	82-0
	County Gune leasages County	Registration Dist. No. 145
	Village or City Afyallautle Made	No. St., Ward (Il death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Mary Haven	. If U. S. Veteran, specify WAR
	(a) Residence: No. 632 5 M. 9	St. Ward. wash. D. C
	(Usual place of abode)	If nonresident give city or town and State
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the wol Widowied)	
400	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Curkeroure	22.   I HEREBY CERTIFY That I attended deceased from
	6 1916	i last saw h. L.V. aliva on Light 9 , 1937; death is said
-	6. DATE OF BIRTH (month, day, and year)	
	7/ 1day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
-	8. Trade, profession, or particular	Date of onset
0	SAWYER, BODKKEEPER, etc.	apople47 9/9/3
4 4 4 4 4	kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc  9. industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at 11. Total time (years)	
000	10. Date deceased last worked at this occupation (month and spent in this	
	year) occupation	Other Coatributory Causas of importance:
	12. BIRTHPLACE (city or town)	Thypulencian ?
-	(State or country)	- arteris Icheroses.
	13. NAME Muhraum	
-	14. BIRTHPLACE (city or town) / f (State or country) / f	Nama of operation Data of What test confirmed diagnosis? Was there an autopsy?
		23, if death was due to extended causes (VIOLENCE) fill in also the following:
	15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
	State or country)	Where did injury occur?
	17. INFORMANT MCB. Jacurence Hurcley (Address) 32 y St M.E. (daughter land of	(Specify city or town, county and State) Spacify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
-	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
1	Place Wash D. C Date Sept 10 11, 19	Nature of injury
	19. UNDERTAKER Diuspily Hanlow (Address) (4/ H. H. R. E.)	24. Was disease or Injury in any way related to occupation of deceased?
e.		(Signed) Marky Mark

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
V S					
Other contributory causes of importance:	7	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL S	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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# STATE OF MADVI AND CERTIFICATE OF DEATH

CORD. Every item of infor-PHYSICIANS should state

UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

N. B.-WRITE PLAINLY, WITH

V. S. No. 1

1. PLACE OF DEATH	00	(Inex)
County Trinke	Teo	Registration Dist. No. 24.5
Village or City	villo. MR	No. St., W
	7	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	death-occurred yrsm	osds. How long in U. S. if of foreign birth?yrsmos
2. FULL NAME	Careley Huys	Che li U.S. Veteran epecify WAR
(a) Residence: No. 84 94	ine ave Heya	If nonresident give city or town and State
PERSONAL AND STATIST	(Usual place of abode)	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male intel	OR DIVORCED (write the word)	September 20th 1937
5a. If married, widowed, or divorced	Married	(Month) (Dey) (Year
HUSBAND of Jaith M.	Hivich	22. I HEREBY CERTIFY. That I attended deceesed
6. DATE OF BIRTH (month, day, and year)	8-676 1870	last saw h im alive on September 20, 19 37; death is
7. AGE Years Months	Days If LESS than	to heve occurred on the date stated above, at 9:30 mP . M .
67 7	1 dey,hr ormin.	THE I KINCH AL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular		were as follows: Data of o
kind of work done, as SPINNED, SAWYER, BOOKKEEPER, etc.	wye	Uremia and extreme
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		Hyperglycemia.
kind of work done, as SPINNED, SAWYER, BOOKKEEPER, etc.  Journal of the second of the	11 Total time (years)	Trimary course of the wessia . Prostatic Ryper.
10. Date deceased last worked at this occupation manufand year)	11. Total time (years) spant in this occupation	traffly. Duration: ten to fifteen your
	/	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	d	Acute Myocarditis.
1 11 11	wiel.	
± 10		Neme of operation none Date of
14. BIRTHPLACE (city or town)	vani.	Whet test confirmed diegnosis? Chema Blood was there an eulopsy?
15. MAIDEN NAME MANY	tauley	23. If death was due to external causes (VIOLENCE) fill in also the following:
I I	000	Accident, suicide, or homicide? Do Date of injury 19.
Stete or country)	h Cardina	Where did injury occur?
17. INFORMANT Mes leques	ferekruss	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address Hyfallaky	le mi	
18. EURIAL, CREMATION, OR REMOVAL	fants 2 740	Manner of injury
ravolet fill	Dite/194	-/- Nature of Injury
19. UNDERTAKER OF 1848 E	ausely,	24. Was disease or injury in any way related to occupation of deceased? NO
	ma.	If so, specify
(Addiess) Lguerel	1415	
(Address) Zgrerel 20. FILED. 24.21, 19.3]	no Jas Denjere	(Signed) (Address) 107 Burlangton Hotel.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

Gallstones	May 1,1923	Gastroenteritis	1 year
ADDI	TIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIA	N

# STATE OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	CLICITICATE OF BEATH
County Prince george	Registration Dist. No. 242
Village or City Fairmount Hate	5011 0000 8
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred yrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Henry ( Tobert)	Saar U. S. Veteran, specify WAR
(a) Residence: No. 59 21 0 1 Journa 6	Ste Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Solstanber 14 193 7
5e. If married, widowed, or divorced	(Month) (Day) (Year)
50. If married, widowed, or divorced HUSBAND of (60) WHEE OF Henry alice Brown	22. I HEREBY CERTIFY, That I attended deceased from 3,1937, to Separ 14, 1937
6. DATE OF BIRTH (month, dey, and year) au. 7, 1888	l lest saw h
7. AGE Yeers Month Days It LESS then I day	to heve occurred on the dete steted above, et 5:206 m.
49 8 / ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were es tollows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chr Onterstitia ( nephino 193)
9 Industry or business in which work was done, as SILK MINAL & Par President	?
SAW MILL, BANK, etc.	Shrowing my ocardology 1937
10. Date deceased last worked at this occupation (month and 32 spant in this occupation (countries)	
year) 37 occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town).  (State or country)	10 · ValeX 2
	menus commissions sept >/
I /	Name of acception
14. BIRTHPLACE (city or town)?  (Stete or country)	Whet test confirmed diagnosts? Was there an au'opsy?
W 15. MAIDEN NAME 9: Olum Cur	23. I death wes due to externel ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
E (State or country)	Where did injury occur?
17. INFORMANTHENRY Palice	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) 5921 / Ovaler	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Date 1997	Nature of Injury.
19. UNDERTAKER ASM. TSleyant.  (Address) 30 - 4 st 9 3	24. Was disease or Injury in any way releted to occupation of deceased?
20. FILED Seft 14, 1937 John E. Wast	(Signed) Theodore Finch ney M.D. C. (Address) 812-44 St. N.E. J.D.C.
If more blanks are needed, address State Registrat,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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PHYSICIANS kD. Every

stated EXACTLY. IS A PERMANENT

UNFADING INK-THIS MARGIN RESERVED

AGE should be

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properly classified.

be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

item of infor-

Exact statement of OCCUPA.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

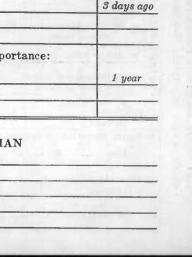
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Example I		Example II			
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TAN DIALONIANA	DE ZEUE	TOTAL	T CACH TITLE	O T T F T TOTAL TO THE	AJ A	T TET DIOTOTAL





If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. x.

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IARGIN

(Year)

Date of onset

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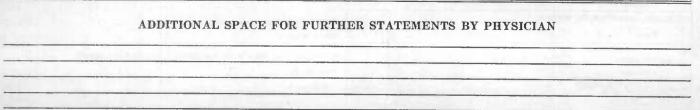
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Example I	1	Example II		
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Chronic interstitial nephritis COT vy 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
program Vill	4 1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	





mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

. PHYSICIANS should state Exact statement of OCCUPA.

10078

1. PLACE OF DEATH	942
County Pa. Seo	Registration Dist. No. 245
Village or City And Calmell	No. 3 St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsn	nos
2. FULL NAME Juray T. Hou	rand
(a) Residence: No. 38 Surgles (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 30 ,193 7
5a. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Soral Burkered	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) 00 24 - 1884	I last saw h alive on
7. AGE Years Months Days If LESS then 1 day,h. ormin.	
1 1day,hi	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular, kind of work done, as SPUNING. SAWYER, BOOKKEEPEN SA	Certal atherlary: 720 1936
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	auguina Resoniano
work was done, as SILK MILL, SAW MILL, BANK, etc	- latter days
spent in this	
tz. BIRTHPLACE (city or town) (State or country)  13. NAME Henry Beyton Howard	Other Contributory Causes of importance:
I 13. NAME Henry Beyton Howard	
14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of What test confirmed diagnosis? U.S. assay lead was there an autopsy? Date
15. MAIDEN NAME Roberta Dyen	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hash LU C. Date SUSS 30, 19.3	Nature of injury
19. UNDERTAKER A LA CASCLES Surger (Address) The March Action of the Control of t	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED Sept. 20, 19 37 Mas - Sever	e (Signed) Ann Louis M. I
	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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B.

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Example I	(i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones Gallstones	May 1,1923		1 year	

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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County Price Proves	STATE OF MARYLAND
County / river Tronges	CERTIFICATE OF DEATH
7 76 0	Registration Dist. No. 23
Village or City Mr. Woodvelly (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Levis Breed	et Nurtinglow stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, MARRIED, WIDOWED. OR DIVORCED (Write the word) Widow	16 DATE OF DEATH September 8 , 1937 (Month) & (Day) / 5 Treat
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw he was alive on felf 1 1927,
7 AGE . [If LESS than	and that death occurred on the date stated above, at 19 m.
87 yrs. mos. ds. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Petrized Farmer  (b) General nature of industry	Gerelocis of live
business, or establishment in which employed or (employer)	(Duration) .Zyre,mosde,
9 BIRTHPLACE (State or country) Mary Roud	Contributory Secondary  Sumulus Duration Survey de
10 NAME OF Useknowever	(Signed) M.D.
OF FATHER Z (State or country)	*State the Usease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER Levelse crowd	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents)  At place of death yrs mos ds. State yrs mos ds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) John M. Scenting bow	Former or usual residence
(Address) Aquases hed.	Chapter Med. Date of Burial
15 Filed Sept 9th 1987 Huny B. Contec	Elmer Fleade Hugherville h
If more banks are needed, addre a State Registra	r. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as  $\nu uy$  laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The questired 6 yrs; state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed as At school, or At home. Care should be taken work, definite salary, may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons enor At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Stationary fireman, etc. But in many For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEANS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, monapproved by (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuny American Medical Association.) "Atrophy," "Collapse," "Coma," perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Committee on Nomenclature of the Chronic valvular heart disease, Example: Measles (disease etc. The contributory " "Convulsions,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

OCT 6

PHYSICIANS should state

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properly classified.

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AGE should be

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V. S. No. 1

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certificate.

TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may

of OCCUPA-

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10080
1. PLACE OF DEATH	<u></u>
County / Lyingel of levog 2	Registration Dist. No. 239
Village or City Charles	No. St. Ward
Length of residence in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Mancy & Saacs	If U. S. Veteran, specify WAR
(a) Residence: No. 609 Explored St. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH  Suptimber 9 5 193 7  (Month) (Day) (Year)
(or) WIFE of Thomas Isaacs.	22. 1 HEREBY CERTIFY, That Lattended deceased, from  1 1937 10 September 1937
6. DATE OF BIRTH (month, day, and year)	I last saw MAC alive on All Julium 25., 19.3.7; death is said
7. AGE cloudyears 80 Months Days If LESS than I day,	to have occurred on the date stated above, at
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chremons Breat Scircles 3/3/57
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry of business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (months and	
10. Date deceased last worked at this occupation (month and 937) spent in this occupation occupation occupation.	
12. BIRTHPLACE (city or town) and Orean del	Other Contributory Causes of importance:
13. NAME O Commence of Bushess	1
13. NAME Samuel Burley  14. BIRTHPLACE (city or town)  (State or country) Annel Council Co	Name of operation. B. a. Mary 19 Carro. Date of 9/3/3.7
15. MAIDEN NAME Sarah am Hale	23. If death was due to external causes (VIOL EXCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury,19
(State or country) while with the	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Much Shompson (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place ISOcons Chapebate & sp. 28,19 3	Nature of injury
19. UNDERTAKER Ridgley & elly (Address) 401 Wash are Lourela	24. Was disease or injury in any way related to occupation of deceased?
20. FILE SERVED 137 M. Busheard	(Signed) B'T' Warren M.D.

(Address)

\_\_Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsu 1915 1 week ago 1921 Run over by street car Chronic interstitial nephritis 1 week ago Peritonitis Cerebral hemorrhage July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

1 81 405 0	STATE	OF MARYLAND—	CERTIFICATE OF DEATH	0051
1. PLACE O		He mass	[3] Delitation 21 1 2 1	15
County	District of the second		Registration Dist. No.	2
Village or (	City Later De Robert	Current (II	No. St., - f death occurred in a hospital or institution, give its NAME instead of street and	Ward number)
Length of res	idence in city or town where	deeth occurredyssmos	ds. How long in U.S. If of foreign birth?yrs	mosds.
2. FULL NA (a) Resider	200	rge Diele	St. 3 Ward.	
DEDCO		(Usual place of abode)	If nonresident give city or town as	nd State
3, SEX		ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Du	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH (Month) (Dey)	, 193(Year)
5a. If married, widow HUSBAND of (or) WIFE of	wed, or divorced	Dec	22.   HEREBY CERTIFY, They Lottende	761
	reama	forces .	Dept. 14 , 1937, to Depl. 2	0., 19.3
6. DATE OF BIRTH	(month, dey, and year)	ec, 25,1870	Hest saw har alive on Septis 1,193	Z.; death Is said
7. AGE Yes	ers Months	Days If LESS than	to have occurred on the dete steted above, at 2.10 pm.	
61	Disse	1 day,hrs. ormin,	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importence were as follows:	10.4. (
Z 8. Trede, profe	ession, or particuler	7 1	Courte mesposadoles	Date of onset
No kind of SAWYER	work done, as SPINNER, R, BOOKKEEPER, etc	Tarming		1/2
work wa	business in which as done, es SILK MILL,	7mm		
SAW MI	LL, BANK, etcsed lest worked at	11, Totel time (years)	Chronic replacities Duration: two years	
this occu	petion (menth alld	spant in this	Qev & B	
70.7		0	Other Contributory Causes of Importance:	1/1
12. BIRTHPLACE (c) (Stete or cou		Varanow "	Mephonics	8-10-
~	70.	Vagaria.	Mystelles; due to Lanian	9-14
I	Trennis	of Junes	prostatie enlargement.	
	E (city or town)	7-11-1-1	Name of operation Date of	
	r country)	Ungua .	What test confirmed diegnosis? Was there er	au'opsy?
15. MAIDEN NA	AME fine	Asteus	23. If death was due to externel ceuses (VIOL ENCE) fill in elso the following	•
16. BIRTHPLACE	E (city or town)	1-/	Accident, suicide, or homicide? Dete of Injury	, 19
(Stete or	r country)	100gana	Where did injury occur? (Specify city or town, county and St	**************************************
17. INFORMANT /	ms Mill	iel Deseal	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMA		Do 9-20 1972	Manner of Injury	
19. UNDERTAKER (Address)	the train	winer ODE.	24. Wes diseese or Injury in eny way releted to occupetion of deceesed?	-223
20. FILED Seft	.20, 1937 Mg	S. Jas Panera Osto T. Come Registrar.	(Signed) April April (Address) Parameter was	M. I
A 1	76	blanks are mored address State Positions	AT OLD COMPANY	-

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
	1915	Attack of epilepsy	"	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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certificate.

See instructions on back of

supplied.

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TION is very important.

8

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	82-0
County Truce Lenger	Registration Dist. No. 240
Village or City Pasary alle	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
W. St. ITT	
2. FULL NAME HAMP Segupetto for his	If U. S. Veteran, specify WAR.
(a) Residence: No. 1 Lordery alle (Vaul place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5. If marriad, widowad, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That, I attanded decaasad from
6. DATE OF BIRTH (month, day, and year) - Luce 7-1876	Hast saw Well aliva on San 16 1937 death is said
6. DATE OF BIRTH (month, day, and year)   WILL   -   0   7. AGE   Years   Months   Days   If LESS than	to have occurred on the date stated above, at 16 9 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	wera as follows:
kind of work done, as SPINNER, Atusework SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was dona, as SILK MILL,	Cerebral Upor steps
SAW MILL, BANK, atc	7
O 10. Oate deceased last worked at this occupation (month and / // 3 ) spent in this occupation (coupation coupation / // )	
i year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
E	
[ 14. BIRTHPLACE (city or town) (Steta or country)	Nama of oparation
	What test confirmed diagnosis? Was there an autopsy?
Ŧ , , , , , , , , , , , , , , , , , , ,	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Whare did injury occur?
17. INFORMANT ( Arat Issa of his son (Address) Rasny ville mo	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMINTION, OR REMOVAL	Manner of Injury
Place Corangeille Mid Date Defet 261927	Nature of injury
10 HADESTANES Sele Theren Shade	24. Wes disease or injury In any way related to occupation of decaased?
19. UNDERTAKER  (Address) Shilothe Make	If so, specify
on such Selit 1/2-10 May B. R. Dan the	(Signed) William It Tobons M.D.
20. FILED Legistrar.	(Address) Loon md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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1	Example I	- 1000	Example II	
The principal cause of de of importance were as fol	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	Il nor a so	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	001 2 13.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	H BUREAU V	July 5,1927	Peritonitis	3 days ago
	generalization in territoria de como d			
Other contributory causes	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	The first see			

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

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RESERVED FOR BINDING	INK_THIS IS A PERMANENT
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MARGITA	VITE HINFADING
	THE PERSON NAMED IN
	-

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. be properly classified. certificate. be CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of AGE should mation should be carefully supplied. N. B.—WRITE PLAINLY, V

STATE OF MARYLAND	CERTIFICATE OF DEATH 10083
1. PLACE OF DEATH	
County / Nence Xerge	Registration Dist. No. 234
Village or City acocsele	No. St., Ward
	f death occurred in a horpital or institution, give its NAME instead of street and aumber)  ds. How long In U.S. if of foreign birth?
/ / /	
2. FULL NAME wa Lafferly	<u></u>
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or towa and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Thate OR DIVORCED (write the word)	21. DATE OF DEATH 1937
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Thomas 4. Lafferty	22. I HEREBY CERTIFY That I attended deceased from
12,000	,19 ,to ,19 3/
6. DATE OF BIRTH (month, dey, and year) Musch 13, 1657  7. AGE Years Months Days If CESS Man	I lest saw h. e elive on Seft 19, 19.37; death is said
/ 8 / I day hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trade profession or particular	were as follows: Date of one of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	o Live 1936
9. Industry or business in which	2756
kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc.  9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et	
Spelletti (ilis	
year) occupation 7.0	Other Coatribatory Caases of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME John Journe  14. BIRTHPLACE (city or rown) John Jung	
14. BIRTHPLACE (city or town)	Name of operation Data of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah Young	23. If daath was due to external couses (VIOLENGE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Totale or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT My Frence fanciers de (Address)	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manne of Inlus.
Place Waldry had Date Soft 2/ 1931	Mannar of injury
19. UNDERTAKER Study & Ryan (Addiess) Waldely	24. Wes disease or injury in apy way related to occupation of decaasad?
20. FILED Sept 20, 1937 Mrs alton Davis	(Signad) Landy See an M. D.
If more blanks are needed address State Parish	(Addrass) Lucia Mens fre
1, more viantes are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CEDTICICATE OF DEATH

CTATE OF MADVI AND

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Example I	ėi.	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OCT & 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF DEATH	78
County T. Tuo	Registration Dist. No. 243
Village or City Bowil.	No. St Ward
Length of residence in city or town where death occurred 3 9 yrs 2 mo	f death occurred in a hospital or institution, give its NAME instead of street and number)  s
2. FULL NAME Mary Calista Lance	actes
(a) Residence: No. J. Bowel, M. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale 1 Lite 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 26 193 7 (Year)
5a. If married, widowed, or divorced HUSBAND of	- V
(or) WIFE of	Musel 16 1937 to self 26 1937
6. DATE OF BIRTH (month, day, end yeer) Feb. 16 1 1897	Hest caw h for alive on self 216 1037
7. AGE Years Months Days If LESS than 1 dey,hrs,	to have occurred on the date stated above, at 7'30"m.
70   0   ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	The A Colone A A B'A
▼ 9. Industry or business in which	a cure of gets negrouses out.
work was done, as SILK MILL, SAW MILL, BANK, etc	Thomas d
10. Oate deceased last worked at this occupation (month and year)  11. Total time (years) spant in this occupation coccupation	- Warren
12. BIRTHPLACE (city or town) - Theundale	Other Contributory Causes of importance:
(State or country)	Greekhalitis (nonesidumie)
13. NAME Echward a. Landastes	occopyania hampanae
13. NAME Edward a. Landantes  14. BIRTHPLACE (city or town) New York	Neme of operation
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Louise berniellin	23. If death was due to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) Thur dale	Accident, suicide, or homicide? Dete of Injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT (Jana h- Jaclen) (Address) (Address) (Address)	(Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIACE PLANT 29 1937	Manner of Injury
The Filest 1801	Nature of injury
19. UNDERTAKER M. Thamay of Sous	24. Was disease or injury in any way related to occupation of deceased?
1.1+16 24-617 house on the	If so, specify
20. FILED 1937 J & NUIC WE IN W	(Signed) D. All CMALT M. D.
Kegistrar.	(Address)

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	Example I		Example II	
The principal cause of importance were a		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	ittis -	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT 2 1931	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.	زا		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

If nonresident give city or town and State

Dete of anset

County\_ Registration Dist. No. wellone. (If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of residence in city or town where death occurred How long in U.S. if of foreign birth? vrs. mos. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) 5a. If married, widowed, or divorced 22. CERTIFY That Lattendad deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at I day, .....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or \_\_\_\_ min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc..... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total tima (years) this occupation (month and spent in this occupation \_\_\_\_\_ Other Contributory Causes of importance 12. BIRTHPLACE (city or town (Stata or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of oparation\_. (State or country) What test confirmed diagnosis? A- Raul + Maula - Was there an autopsy? (1). MOTHER 15. MAIDEN NAME 23. If death was due to external causes (ViOLENCE) fill in also the following: Accident, suicide, or homicide? ..... Date of injury. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) Manner of injury Nature of injury 24. Was disease or injury in any wey related to occupation of deceased? 19. UNDERTAKER (Address) if so, specify

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) - Jacon

S. No.

8

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

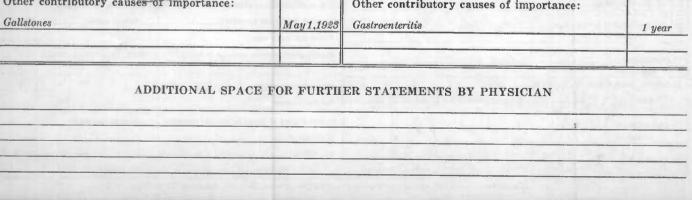
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I		Example II	
	RECEIVE	Dete of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1007	1921	Run over by street car	1 week ago
Cerebral hemorrhage	UCI 2 1001	July 5,1927	Peritonitis	3 days ago
	BUREAU V.			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year



BINDING

FOR

IARGIN RESERVED

S. No.

M

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.



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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	.1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date-of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
			4
Other contributory causes of importance:		Other contributory causes of importance:	7 - 1
Gallstones	May 1,1923	Gastroenteritis	1 year
			-
	1		

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

state 1. PLACE OF DEAT pluods item of Registration Dist. N (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred How long In U.S. If of foreign birth? statement CORD. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) CTL (Month) (Day) 5a. If marriad, widowad, or divorcad HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of (2) certificate. properly 7. AGE Months If LESS than Days to have occurred on the data stated above. 1 day, ..... hrs. or\_\_\_\_min. Data of onset 8. Trade, profassion, or particular THIS OCCUPATION kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business In which work was dona, as SILK MILL SAW MILL, BANK, atc..... back may should 10. Date deceased last worked at no 11. Total tima (yaars) this occupation (month and spent in this that occupation \_\_\_\_\_ instructions 12. BIRTHPLACE (city or town) (Stata or country) supplied FATHER See 14. BIRTHPLACE (city or town Nama of operation (State or country) carefully pla What test confirmed diagnosis? Was there an autopsy?. MOTHER important. 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? (State or country) Whare did injury occur?. should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE 17. INFORMANT Very (Address) OF Manner of Injury S mation CAUSI NOIL Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify (Signed) (Address) 3303 / 122 Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

S. No. 1

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	II II	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EUG ST.			
Other contributory causes of importance:		Other contributory causes of importance:	4/4
Gallstones	May 1,1923	Gastroenteritis	1 year
S CHESTON CONTROL OF STREET			*

PHYSICIANS should state

Exact statement of OCCUPA-

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	1000
1. PLACE OF DEATH	10	Pro	1055
County Prince	Leo	Registration Dist. No. 230	
Village or City Murch	isto mul	No. St	Ward
		death occurred in a hospital or institution, give its NAME instead of street and r	number)
Length of residence in city or town where deat	h occurred 3/yrsmos.	ds. How long in U.S. if of foreign birth?yrsmo	sds.
2. FULL NAME Salak	Mayken	If U.S. Veteran apecify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	Diale
	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
The Col	OR DIVORCED (write the word)	(Month) (Oar)	, 193
5a. If married, widowed, or divorced HUSBAND of			(1601)
(or) WIFE of	a. Matthews	22. 9 I HEREBY CERTIFY, That I attended	
A DATE OF BIRTH ( ) And A	11270 1906	1   1   1   1   1   1   1   1   1   1	, 19.37
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month's	Oays If LESS than	to have occurred on the date stated above, at 11 Pm.	, death 15 said
31 07	22   1 day,hrs.   ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular		Pistol shot wound	Oate of onset
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	secondell	(Puncture) Disimiline	12.47.7.1
9. Industry or business in which work was done as SILK MILL		avita	
	11. Total time (years)	/	
10. Oate deceased last worked at this occupation (months of year)	spant In this Our	<b>b</b>	
m-	. 1	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)			
13. NAME 11	mas		
14. BIRTHPLACE (city or town)	2-1	Name of operation Date of	
(State or country)	ug	What test confirmed diagnosis? Was there an a	4 :
15. MAIOEN NAME Mateld	a Drewer	23. If death was due to external causes (VIOLENCE) fill in also the following	:
16. BIRTHPLACE (city or town)	my sa	Accident, suicide, or homicide? Homici of injury 9-	٧ 192. ٢
(State or country)	117 111	Where did injury occur? Muniformly med (Specify city or town, county and State	
17. INFORMANT JAS JIJA	watwomma	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.
(Address)  18. BURIAL CREMATION, OR REMOVAL	wyn ing	Cabba Trace	
Pacelle Maria Company of Reproved Maria	Oate Sept 7 193	Manner of injury Paster & Worl Woun	4.1
1000	Haria 1	Nature of injury	ho
19. UNDERTAKER (Address)	yourse ,	24. Has disease of injury in any way related to occupation of deceased!	-9
OH Hallita	20114	(Signed) B - Aan	M. D.
20. FILED 7 7 , 193 193	is Imiles	(Address)	A.

Af more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis EVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MIREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		ESCHARICS AND	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Pas L. Vawter -

AGE should be stated EXACTLY.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

V. S. No. 1 N. B.

PHYSICIANS should state Exact statement of OCCUPA.

ECORD. Every item of infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	3 22
County Prince Iseorges	Registration Dist. No. 23
Village or City Leuley	No. St., Ward
Length ol residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW OR DIVORCED ("write the") 4. COLORED  Colored  Ling"	
5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
	, 19, 19, 19,
6. DATE OF BIRTH (month, day, and year) Sextender 25/4	737   I last saw h elive on, 19; death is said
7. AGE Years Months Days IT LESS	10 110 100 100 111 110 0010 010100 01010, 011111011111111
1 day,	I THE FRINCIPAL CAUSE OF DEATH and Talated Cousas of Importance
8. Trade, profession, or particular kind of work done, as SPINNER,	0+000
SAWYER, BOOKKEEPER, etc.	Stillborn
work wes done, es SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupation (month end year) occupation	
60 , 00, 11	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Joseph Jo Bumo	in a second
14. BIRTHPLAOE (city or town) Dulley	Neme of operation
(State or country)	What tast confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Zillian Wiran	23. If daath was due to axtarnal causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Haulkner	Accident, suicide, or homicide? Dete of injury
(State or country)	Where did injury occur?
17. INFORMANT Joseph Newman (Address) 10 Cough Newman	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Sydandurf Date X left 251	
19. UNDERTAKER JOSEPH Meluma	24. Was disaasa or injury in any way raleted to occupation of deceasad?
(Address) Duly ma	If so, specify O B and
20. FILED SATES 1937 STRUST WAS Regis	(Signad) forestable M.D. (Address) forestable M.D.

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Example I	Н	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis GCT 6 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage   KEREAU	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Gallstones		May 1,1923	Gastroenteritis	1 year
	ADDITIONAL SP	PACE FOR FURTH	ER STATEMENTS BY PHYSIC	IAN
			·	

(Address)

BINDING

(82-0)	9 110	
	Registration Dist. No. 242	
No	C+ War	rd
eath occurred in a hospital or institu	ation, give its NAME instead of street and number)	
ds. How long In U.S. if o	of foreign birth?d	is.
& If II & Votoron	specify WAR	
	specify WAR.	
St.,Ward.	If nonresident give city or town and State	
MEDICALC	ERTIFICATE OF DEATH	_
	ERTIFICATE OF BEATH	_
21. DATE OF DEATH	NOLT 18 7	
	(Month) (Oey) (fear)	
•		_
	OCERT FY, That I ettended deceased fro	om
Viewel	so way after	
I last saw h alive on	11-6-1-1, 19 ; deeth is sa	ald
to have occurred on the date state	ed above, atm.	
	TH and related causes of importence	
were as follows:	Date of onse	et
Ceretra	A HEMMITSHI ORE	
or wy w	- World beg	
Other Contributary Causes of impo	ortance:	
and t	111	
aug n	last fallens	
Name of operation	Date of	
What test confirmed diagnosis?	Was there en autopsy?	
23. If death was due to external car	uses (VIOL ENCE) fill in elso the following:	
Accident, suicide, or homicide?	Date of Injury, 19	
Where did Injury occur?		
Coacify whather injury accurred 1	(Specify city or town, county and State) In INDUSTRY, In HOME, or In PUBLIC PLACE.	
Specify whether injury occurred i	in industri, in nome, of in robelo reace.	
· · · · · · · · · · · · · · · · · · ·	I dliver acting Comor	
Menner of injury		
Nature of injury	Lawhorn man	
24. Was disease or injury in any v	way related to occupation of deceased?	
If so specify	· 2 · 4	
(Signed) James	o Ho / sull	. 0
(Address) Lile		)
Woodless) ZEE	Pequestana 71 S No. 7	- 2

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Registrar.

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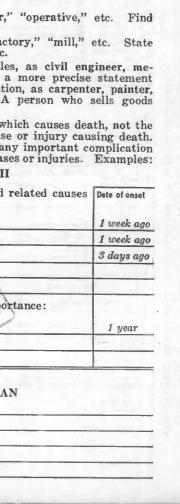
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Chronic interstitial nephritis	1921	Run over the street cor	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributors causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN



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DEATH

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT County Registration Dist. No. Village or City Talling ton (If death occurred in a hospital or institution, givents NAME instead of street and number) Length of residence in city or town where death occurred How long In U.S. If of foreign birth?\_\_\_\_\_yrs.\_\_\_\_\_mos.\_\_\_\_ds. Ward (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DaVORCED (write the word) widower (Month) (Day) 5a. If marriad, widowad, or divorced HUSBAND BY REBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Days If LESS than to have occurred on the data stated above 1 day, ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. Date of onset 8. Trada, profassion, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Data deceased last worked at 11. Total time (yaars) spent in this this occupation (month and occupation \_\_\_\_ 12. BIRTHPLACE (city or town) (Stata or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Nama of operation\_ (State or country) What test confirmed diagnosis?\_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicida?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19. (State or country) Whara did injury occur?\_\_\_. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVA Mannar of injury

20. FILEDO

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Registrar.

Nature of injury ....

If so, specify

24. Was disaase or injury in any way ralated to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

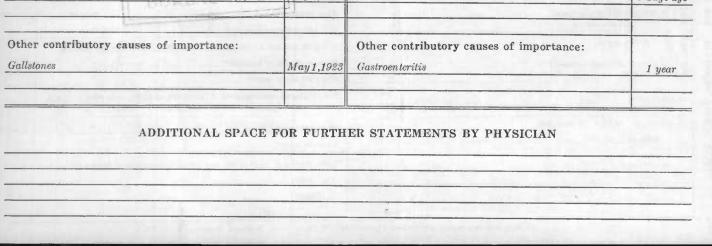
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	=1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



# item of W statement PHYSICIAN PERMANENT certificate. properly THIS be may pluods that supplied in plain

BINDING

FOR

RESERVED

ARGÍN

infor-OCCUPA-BERWYN: PRINCE GEORGE CO: Registration Dist. No. 2 30 plnods Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) U. S. Veteran, specify WAR If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH 4. COLOR OR RACE OR DIVORCED (write the word) (Day) (Yeer) 5a. If merried, widowed, or divorced HUSBAND of 22. ERTIFY. The I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, dey, and year) 7. AGE Months Devs If LESS then 1 dev.\_\_\_\_hrs. USE OF DEATH end releted causes of importence or ..... min. Date of onset 8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. OCCUPATION of 9: Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc..... back 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupetion \_\_ 12. BIRTIIPLACE (city or town (Stete or country) FATHER 13. NAME Name of operation 14. BIRTHPLACE (city or town (State or country) carefully MOTHER 15. MAIDEN NAME important. 23. If death was due to externel causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide? Meecel OF DEATH (Steto or country should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. very 18. BURIAL, CREMATION, OR REMOVAL -WRITE S CAUSE mation Neture of Injur LION 19. UNDERTAKER (Address) If so, specify B. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore,

STATE OF MARYLAND—CERTIFICATE OF DEATH

V. S. No. 1

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Example I	i	Example II	434
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

Applitional space for further statements by Physician	18 A ADDITIONAL ST	ACE TOD BUREWED O	IN A MEDICAL DAY DAYS TO	NOT A N
TOT A TOTAL	ADDITIONALS	ACE FOR FURTHER S	TATEMENTS BY PHYS	SICIAN
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	A TOTAL TOTAL			
THE REPORT OF THE PARTY OF THE	EC 18( 187 )			

AGE should be stated EXACTLY.

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

PHYSICIANS should state CORD. Every item of infor-

Exact statement of OCCUPA-

V. S. No. 1

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STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	0	93.50	
County Finel	Learge	Registration Dist. No. 21	12
Village or City Land	iver dale	No	War
Length of residence In city or fown where dea		death occurred in a hospital or institution, give its NAME instead of street and	
2. FULL NAME Client	Insola		
1 0	0 - 47	If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usyai place of abode)	St., Ward.  If nonresident give city or town an	d State
PERSONAL AND STATISTIC	ALPARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sept, 17	., 193. 7.
5e. If merried, widowed, or divorced	Delastre a	(Month) (Day)	(Year)
HUSBAND of Cor) WIFE of Lydia a.	Presley	22.   I HEREBY CERTIFY that I attended	d deceased fr
6. DATE OF BIRTH (month, day, end yeer)	2289-1819	lest sew h. As elive on Den 17 193	7; deeth is s
7. AGE Years Months	Deys If Lass then	to heve occurred on the date stated above, et	/
68 5	12 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:	D. 4 4
8. Trade, profession, or perticuler kind of work done, as SPINNER.	'.C.	A	Date of on
SAWYER, BOOKKEEPER, etc.	& sugeon	Ucullacuas Decomponati	- 9/13
Mork was done, es SILK MILL,	U		
SAW MILL, BANK, etc	11. Totel time (yeers)		
this occupation (month and year)	spent in this 200	J	
12. BIRTHPLACE (city or town) Manne	1 Louisana	Other Contributory Causes of Importance:	193
(State or country)		The state of the s	
II 13. NAME & lias Vi	sley		
14. BIRTHPLACE (city or town) Salva	ne Parish	Name of operation Dete of_	1
(State of country)	isana,	Whet test confirmed diagnosis? Wes there en	autopsy?
15. MAIDEN NAME Aman  16. BIRTHPLACE (city or town) Sabi	da sibler	23. If death was due to external causes (VIOLENCE) fill In also the following	ng:
To It. BIRTHPLACE (city or town) - Sales	ne Parish	Accident, suicide, or homicide? Dete of injury	, 19
∑ (Stete or country)		Where did Injury occur?	
17. INFORMANT Lydra (1) (Address) Xanh	Tresley	(Specify city or town, county and St Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL CREMATION OR REMOVAL	1 0/ 30	Manner of Injury	
Please Lendly	One 1/20 105/	Neture of Injury	
10 HADEDTAKED PROGRAMMED	lis Som	24. Was disease or injury In any way releted to occupation of deceased?	
19. UNDERTAKER ACC (Address) Ptol attack	ille md.	If so, specify	
m = 4 1 20 1037 man	Jan Same al	(Signed)	M
20. FILED	Registrar.	(Address)	

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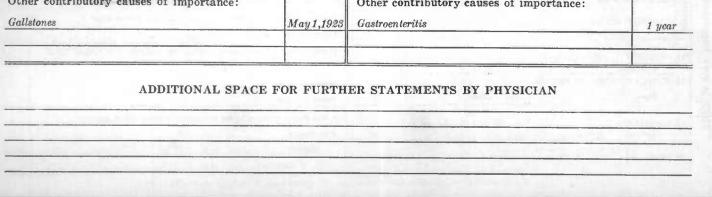
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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



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S. No. 1

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis 1937	1915	Attack of epilepsy	1 week ago
Chronie interstitial haphritis CCT 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage \ \ \ S.	July 5, 1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

94	468
el morge	Registration Dist. No. a 3 4
evo	No. St., / Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
	2
alexander 100	If U. S. Veteran, specify WAR
we me	/st., Ward.
(Usual place of abode)	If nonresident give city or town and State
STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OP DIVORCED (write the word)	21. DATE OF PEATH  (Month) (Day) (Yeer)
ivia Robey	22. I HEREBY CERTIFY, Thet I attended deceased from 1936 to Self 14 1937
Dec 12 Jan 6-1863	lest saw harm alive on 1997 / 3 1937; deelh is said
s lays If LESS then	to heve occurred on the dete steted above, et
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end rejeted causes of importence
ormin.	were asfollows:
Jarmy abor	7 2000
Form	
11 Total time (years)	
11, Totel time (yeers) spent in this audio	
0	Other Contributory Causes of Importance:
9:55	,
unknown	
et-	Neme of operation
(1	Whet test confirmed diegnosis?
	23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following:
	Accident, suicide, or homicide? Dete of Injury, 19
	Where did Injury occur?
Robey	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
hurch	Menner of injury
e Dote Sept/6, 193.7	Neture of Injury
muss and O Sa	24. Wes diseese or injury in any way releted to occupation of deceased?
ilo are 85	If so, specify
na Out. St.	(Signed) EW Lehwers, M. D.
Sacal Registrar.	(Address) A 2 Au outsta DC
more blanks are needed address State Registrary	244 N. Charles Street Beliance Benning T1 C No.

MARGIN RESERVED

(State or country)

15. MAIDEN NAME

14. BIRTHPLACE (city or town). (State or country)

18. BURIAL, CREMATION, OR REMOVAL

16. BIRTHPLACE (city or town) ..... (Stete or country)

13. NAME

17. INFORMANT

FATHER

MOTHER

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ogo July 5, 1927 Cerebral hemorrhage Peritonitis 3 days ago 131 1878 7. 8 Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

B.—WRITE PLA

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V. S. No. 1

TION is very important. See instructions on back of certificate.

should state

of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH 1000G
1. PLACE OF DEATH	930
County Trince Teorges	Registration Dist. No. 2 30
Village or City Augustleville, (If	No. Mattur Jones Clast Homst, Ward death occurred in a hospital of institution, give ils NAME instead of street and number)
Length of residence in city grown where deeth occurredyrs,mos.	ds. How long In C.S. if of foreign birth?yrsmosds.
2. FULL NAME Starry, Sheed	If U. S. Veteran, specify WAR
(a) Residence: No. 10 30 Madenshures R4 1)	Ward. Wash. Wash. Washington and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB-RACE- Male 5. SINGLE, MARRIED, WIOOWED, ORDIVORCED (write the word)	21. DATE OF DEATH 9. (0ay) (1937). (Year)
5a. If merried, widowed, or disorced HUSBANO of (or) WIFE of May Sheed	22. ALLEBEBY CERTIFY. Thet I ettended deceased from
6. DATE OF BERTH (month, day, end yeer) Duc. 21, 1861	I lest saw h And elive on Right 9
7. AGE Yeers Months Days If LESS then	to heve occurred on the dete steted ebove, at
73 8 19 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were es followers
Trade profession or perticular	acute Cardiar Delilation 9/9/3)
kind of work done, es SPINNER der Department	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Cles Grolitiles
kind of work done, es SPINNER SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dete deceased last worked et this occupetion (month end yeer)  11. Total time (years) spent in this occupetion	Che Mys carating?
VV a	Other Coatributory Causes of importance:
12. BtRTHPLACE (city or town) (State or country)	arteris Februses
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Genzeleral neurolis !
14. BIRTHPLACE (city or town)	Neme of operation Dete of
(State of Country)	Whet test confirmed diagnosis? Wes there en eulopsy?
15. MAIOEN NAME Unknown	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Sland Stattler (Address) 10,30 Bladinsburg Qd. n.E.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, ORIMATION, OR REMOVAL ()	Manner of Injury
Place	Neture of injury
19. UNDERTAKER W. W. Chamber Co- (Address) 400 Classen Wash DC	24. Wes disease or injury in any way releted to occupation of deceased?
20. FILEO Sept 9, 1931 Dlora Funk	(Signed) Multisteane M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	, li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	7,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state SCORD. Every item of infor-

Exact statement of OCCUPA-

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND—CERTIFICATE OF DEATH	10097
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1. PLACE OF DEATH	(50)
County June Lenges	Registration Dist. No. 246
Village or City Menhovel	No. 3517- Dewey St. Ward
7 7 (16	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	8 0
2. FULL NAME LOUGH / MILLIA /	hilldo
(a) Residence: No. 3177- Curry (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Sept 22/ 1937
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Mudiew flustides	22. I HEREBY CERTIFY, That I attended decaased from gleen by 2 1931
6. DATE OF BIRTH (month, day, and year) for 2 - 1877	I last saw h 2 aliva on Lefat 2 1,1937; death is said
7. AGE Years Months Days if LESS than 1 dayhrs.	to have occurred on the date stated above, at
60 8 20   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date decased last worked at this occupation (month and the same in this corporation to the same in this corporation (month and the same in this corporation than the same in this corporation (month and the same in	Ch haush
9, Industry or business in which	70
work was done, as SILK MILL, SAW MILL, BANK, etc	The excessions was primary in the left broast,
10. Date decaased last worked at this occupation (month and 12/5) spent in this 275 occupation occupation	Thick 3. Sal singulable, on I siste Sitters
Washite	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Careful One Al
13. NAME Greph Stickele	prostonis, There Reputation. 1928
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What tast confirmed diagnosis? Was there an autopsy? W
15. MAIDEN NAME MACY AND COTTEY  16. BIRTHPLACE (city or town) - Ly	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MANA MANUE STATE (Address) Mentuso A gaf	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date 19	Natura of injury
19. UNDERTAKER / Mostly Hander	24. Was disease or injury in any way related to occupation of deceased?
(Address) Wasylow W6	if so, specify
20. FILED 84722 1937 / Faly halle, M. A	(Signed) fray walley M.M. D.
Registrar.	(Address) Arthurn Mr

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
OCT 7 1931 1					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

N. B.-WRITE PLA

V. S. No. 1

STATE OF M	MARYLAND—CERTIFICATE OF DEATH	1
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1. PLACE OF DEATH	99-0
County Prince Georges	Registration Dist. No. 245
Village or City Thijd Swille	ND. 45 Cakwood Rd. St., 3d Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME alfred Thomson	If U. S. Veteran, specify WAR
(a) Residence: No. 45 Oakwood (Yoad (Usual place of abode)	St., 3d Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wickowed Wickowed	21. DATE OF DEATH  Se To (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Louisa Thouson	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) November 25, 1858 7. AGE Years Months Days If LESS than 1 day, hrs.	I last saw h alive on
8. Trede, profession, or perticular kind of work done, as SPINNER, Printer SAWYER, BDOKKEEPER, etc.	Cardiae delalier 2, mi
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business In which work was done, as SILK MILL Covernment Printing Office 10. Date deceased last worked at this occupation (month and year)	Prionery causes: Chrovis myrearchitis.  Other Contributory Causes of Importance:
	HT (DT
13. NAME Alfred Showson  14. BIRTHPLACE (city or town) hot know  (State or country)	Nemanof operation.  What test confined diagnosis?  Was there an aulopsy?
15. MAIDEN NAME Louisa Earhart  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT Mrs. L. L. Churley  (Address)	23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR MEMOVAL Place Transmington Do Coate Sefet 24/, 19.37	Menner of Injury
19. UNDERTAKER It Sasches Sours (Address) Ayattsville Md	24. Wes disease or injury in eny wey releted to occupetion of deceesed?  If so, specify
20. FILED Sept 22, 19.37 Mrs. as. Sorrers.	(Signed) M. D.  (Address) M. D.  2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		19	-
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL SPACE FOR FURTH	R STATEMENTS BY PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10099
1. PLACE OF DEATH	920
county rune teorges	Registration Dist. No. 2/34
Village or City accordents	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in control town whara death occurredyreamee	
2. FULL NAME Vaura U) acline	TLOUIS U. S. Veteran, specify WAR
(a) Residence: No. BCC PRO. SCO.	St., Ward. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
3. SEX  4. OOLOR OX RACE  5. SINGLE MARRIED, WIDOWED, OR DIVORCED (principle word)	(Year)
5a. If married, Widowed, Ir divorced HUSBAND of	22. MHEREBY CERTIEY. That I attended deceased from
(or) WIFE of Kury I achuesty	Dep 2/ 1937 to Sep 30 1937
6. DATE OF BIRTH (month, day, and year) May 14, 187, 81	I last say 10 alive on Do B 79 193/; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at L
6 1 day,	The BRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.	Hastro-suleritis 9/29/
Kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.  Sawyer, BDOKKEEPER, etc.  Sawyer, BDOKKEEPER, etc.  10. Lotal time (yaars)  Lotal time (yaars)  Saw MILL, BANK, atc.  11. Total time (yaars)  Sant in this	
SAW MILL, BANK, atc.	
O 10. Date deceased lest worked at this occupation (month and year)	
) year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	I was regurguante ou
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What tast confirmed diagnosis? Was there an autopsy? Let
15. MAIDEN NAME WILLIAM	23. If daeth was due to external causes (VIOLENCE) fill In elso the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State appendix)	Accident, suicide, or homicida? Date of Injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT WAS USED TO THE CANADA CONTROL OF THE CANADA CONTROL	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL GREMATION, OR REMOVAL	Menner of Injury
Place Du Deto Deto Deto Deto Deto Deto Deto Deto	Neture of Injury
19. UNDERTAKER THU STUDIES TO -	24. Was disease or injury Infany way to and to occupation of dacased?
20. FILED Sept30, 1937 Mira alton Sav	(Signer) Wallsteway led M. C.
	24xx N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   OC   S.	July 5, 1927	Peritonitis	3 days ago
BUREAU	1	A JUNE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

The state of the s	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	IAN
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# STATE OF MARYLAND—CERTIFICATE OF DEATH

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		17	I	-	1	¥	1	

1. PLAC	E OF DEATH	/		99-0	20
	y Prince 2		*************************		stration Dist. No.
Villag	e or City Law	ul		No accured in a horpital or institution, give i	St., Ward
Lengtl	of residence In city or town w	here death occurred_a	LL yrs. 7 mo	s. 12 ds. How long in U.S. if of foreign t	birth?yrsmosds.
	NAME /Less	10.11	Valera		
	esidence: No.	0-917-11	uch; N.W.	, Washington, SE	nresident give city or town and State
PER	SONAL AND STAT			MEDICAL CERTIFI	
3. SEX	4. COLOR OR RACE		ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH	Les 22 , 193 7
5a. If married HUSBAN	, widowed, or divorced			- (Month)	(Day) (Year)
(or) WIF	E of	,			TIFY, That attended deceased from
e DATE OF	DEPTH (	Ment	1 1050		to Sight LL 1937
7. AGE	Years Month	THE WALL	If LESS than	to have occurred on the date stated above, a	192; death is said
	78 6	20	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and rela	
8. Trade	, profession, or particular	-	ormin.	were as follows:	Date of onset
S ki	nd of work done, as SPINNER AWYER, BDDKKEEPER, etc	Mr ote	upalion	Operais suy oc	rediles 1/4.
Q W	try or business in which ork was done, as SILK MILL,		The state of		
S 10 Date	AW MILL, BANK, etc deceased last worked at	11 Tota	I time (vess)	-	
- (1	is occupation (month and	S	l time (years) pent in this coupation		
	///	11 7	- 11 0	Other Contributory Causes of importance:	1 4
	ACE (city or town)A or country)	escing and	Me Co	- Cardial delony	uneation 6.9.37
	111	Valere		-	
Ξ -	- gopus or	auca			
Z 14. BIKI	HPLACE (city or town)	hugh	11.6	Name of operation	Date of
	EN NAME	1 400	die	What test confirmed diagnosis?	There an autopsy?
15. MAID	IPLACE (city or town)	Vaching	E M. C	23. If death was due to external causes (VIOL	
₹ 10. BIKIT	State or country)	- areary -	4	Accident, suicide, or homicide?	Date of injury
17. INFORMAN	Souland	in Kina	1,		y city or town, county and State)
(Addre		an Laure	1. Hareland	The state of the s	AT, IN HOME, OF INFODERS PLACE.
18 BURIAL C	REMOTION, OR REMOVAL	NIn	1-100	Manner of injury	
the Place	Hell Cey	Dang. IX.	Aspel 19 /	Nature of injury	
19. UNDERTAI	CER X Ford	Laise	0/	24. Was disease or Injury In any way related	to occupation of deceased?
(Addee		wel	200.	If so, specify	To the parties of decodocular parties.
20. FILED	1 25 1000	m. 13.	shere	(Signed) John Lellle	thurs M.D.
Lo. I ILLO	13.		Registrar,	(Address) Laurel S	enelossin Javel

V. S. No. 1

-WRITE

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Maryland

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	CI	I	A		ľ	ľ	ľ	ľ	]		L	1	4	A	£	1		[	I	I	I	I	I	]	]	]	1	]	]	]	]	]	]	]	]	]	]	]	]	]	]		7.	7.	7	7		(	(	ĺ	I	5	3	6	7	Ý	1		ł	E	I	ļ		2	I	]				[	ľ	]	6	В	1		5	2	34	I		V	1	ľ	4	0	I		V	N	£	ł	ľ	7	1	A	٦.	I		S	5	-		3	R	R	I	£.	Ð	I	I	H	1	1		ł	]	J	Į	9.		ŀ	]			?	ŀ	]	)		(	1	1	F	I	]			4		į	ŀ	]	).	3	C
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V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	2142
County Pronce Jeorge	Registration Dist. No. 243
Village or City of yatteville -	No. St., Ward
// ///////////	If death occurred in a hospital or institution, give its NAME instead of street and number)  osds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Olearles Excury	Filsonif U. S. Veteran, specify WAR
(a) Residence: No. 1925 12 earns 151	St. Haskard Lec.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (wwite the word) 5a. If matried, widowed, or divorced  75a. If matried, widowed, or divorced	21. DATE OF DEATH  O 3 (Month) (Day) (Yaar)
HUSBAND of Cor WIFE of Thelese. Philson	22. I HEREBY CERTIFY, That I attanded deceased from 19
6. DATE OF BIRTH (month, day, and year) July 19 14 1918	I last saw h aliva on, 19; daath is said
7. AGE Years Months Days if LESS than	to have occurred on the date stated ebova, atm.
23 - 2. I day,hrs	The PAINCIPAL CAUSE OF DEATH and I classes of Imputation
Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	
9. Industry or business In which	
work was done, as SILK MILL, Berry Carlor suffer	Cy .
- I Spellt II this	1
yaar) occupation	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) / Sallismore Co	
(State or country)	Willed in anplace crosh
13. NAME Clear of well of low	Broken mark and office
13. NAME Collar	Name of operation Data of
(State or country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME ala Vruise, Trivile	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME (Ida Janise I waste)  16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of Injury19
(State or country)	Where did injury occur?
17. INFORMANT Placeles A. Mileon (Addrass) 1717 St. Worth, and Ballo	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Baltimore M& Date Sept. 23/1931	Nature of injury
19. UNDERTAKER IT Gaselis Gour	24. Was disaase or injury in any way releted to occupation of decaasad?
20. FILED Sept 23, 19.31 Mrs. fax Sover	(Signad) John Family act Concer (Address) 38 - Wing and 147 Modely M
	17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		( 8 2)	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:	1 year

ADDITIONAL.	SPACE	FOR	RHETHER	STATEMENTS	RV	PHYSICI	IN
ADDITIONAL	SPACE	FUR	FURTHER	STATEMENTS	BI	PHISICIA	ALV.